



Supplemental Application Data Sheet

Application Information

Application Number::

Filing Date::

Application Data Sheet

Application Information

Application Type::	Regular
Subject Matter::	Utility
Suggested Classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Number of CD Disks::	
Number of Copies of CDs::	
Sequence Submission?::	
Computer Readable Form (CRF)?::	
Number of copies of CRF::	
Title::	DIAGNOSIS OF HYPERINSULINEMIA AND TYPE II DIABETES AND PROTECTION AGAINST SAME
Attorney Docket Number::	KOPCHICK6.1A
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	
Total Drawing Sheets::	0
Small Entity?::	No
Latin Name::	
Variety Denomination Name::	
Petition Included::	No
Petition Type::	
Licensed US Govt. Agency::	
Contract or Grant Numbers::	

Secrecy Order in Parent Appl.?:: No

Applicant Information

Applicant Authority Type:: Inventor

Primary Citizenship Country:: United States

Status:: Full Capacity

Given Name:: John

Middle Name:: J

Family Name:: KOPCHICK

Name Suffix::

City of Residence:: Athens

State or Province of Residence:: Ohio

Country of Residence:: United States

Street of Mailing Address:: 4 Orchard Lane

City of Mailing Address:: Athens

State or Province of Mailing Address:: Ohio

Country of Mailing Address:: United States

Postal or Zip Code of Mailing Address:: 36 45701

Applicant Authority Type:: Inventor

Primary Citizenship Country:: United States

Status:: Full Capacity

Given Name:: Bruce

Middle Name::

Family Name:: KELDER

Name Suffix::

City of Residence:: Athens

State or Province of Residence:: Ohio

Country of Residence:: United States

Street of Mailing Address:: c/o Edison Biotechnology Institute(EBI),
Konneker Research Laboratory 206B,
Ohio University

City of Mailing Address:: Athens

State or Province of Mailing Address:: Ohio

Country of Mailing Address:: United States

Postal or Zip Code of Mailing Address:: 45701
Applicant Authority Type:: Inventor
Primary Citizenship Country:: United States
Status:: Full Capacity
Given Name:: Keith
Middle Name:: S
Family Name:: BOYCE
Name Suffix::
City of Residence:: Wexford
State or Province of Residence:: Ohio
Country of Residence:: United States
Street of Mailing Address:: 2589 Cole Road
City of Mailing Address:: Wexford
State or Province of Mailing Address:: Ohio
Country of Mailing Address:: United States
Postal or Zip Code of Mailing Address:: P 15090
Applicant Authority Type:: Inventor
Primary Citizenship Country:: United States Germany
Status:: Full Capacity
Given Name:: Andres
Middle Name::
Family Name:: KRIETE
Name Suffix::
City of Residence:: Pittsburgh
State or Province of Residence:: Pennsylvania
Country of Residence:: United States
Street of Mailing Address:: 1222 Driftwood Drive
City of Mailing Address:: Pittsburgh
State or Province of Mailing Address:: Pennsylvania
Country of Mailing Address:: United States
Postal or Zip Code of Mailing Address:: 15243
Correspondence Information
Correspondence Customer Number:: 001444

Representative Information

Representative Customer Number:: 001444

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	National Stage of 91	PCT/US2004/0101	04/02/04
PCT/US2004/0101	Appln claiming benefit of 35 USC 119(e) 91	60/460,415	04/07/03
PCT/US2004/0101	Appln claiming benefit of 35 USC 119(e) 91	60/506,716	09/30/03

Foreign Priority Information

Country:: Application Number:: Filing Date:: Priority Claimed::

Assignment Information

Assignee Name::

Street of Mailing Address::

City of Mailing Address::

State or Province of Mailing Address::

Country of Mailing Address::

Postal or Zip Code of Mailing Address::